# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

SEATHMENT OF ECONOMIC INTERESTS FOR MAR OF 2012
PRACTICES COMMISSION
COVER PAGE

ID - 84198409

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_	ME OF FILER (LAST)	(FIRST)	(MIDDI	LE)	
	Gonzales, Josie		0.3		<u> </u>
1.	Office, Agency, or Court			<u> </u>	<u> </u>
	Agency Name		OF CA	17 H	
	Board of Supervisors			9	π π <u>× α</u>
	Division, Board, Department, District, if applicable	Your Position	92		JP P
	Board Member	Chair/Supervisor	N E	AM	<u> </u>
	▶ If filing for multiple positions, list below or on an attachment.			9: 5 1:0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS	Position:	* SAN DERWARDINO ALIFORNIA	డు	HUSIVA
2.	Jurisdiction of Office (Check at least one box)	· · · · · · · · · · · · · · · · · · ·			
	☐ State	☐ Judge or Court Commissioner (States	wide Jurisdiction)	)	
	Multi-County	X County of San Bernardino			
	City of	☐ Other			
_					
5.	Type of Statement (Check at least one box)	<b>—</b>			
	Annual: The period covered is January 1, 2011, through December 31, 2011	Leaving Office: Date Left/_ (Check one)	/		
	-or- The period covered is/, through	O The period covered is January	1, 2011, through	the da	te of
	December 31, 2011.	leaving office.			
	Assuming Office: Date assumed	The period covered is/_ of leaving office.	/, th	rough t	he date
	Candidate: Election Year Office sought, if diffe	erent than Part 1:			
4.	Schedule Summary				
	Check applicable schedules or "None." ► To	otal number of pages including this cover	r page:8		
		Schedule C - Income, Loans, & Business	Positions – sch	nedule a	attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule			
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Pa	yments – sched	ule atta	ched
	-or-  None - No reportable interes	ts on any schedule			
	herein and in any attached schedules is true and complete. I acknowledge the				
	I certify under penalty of perjury under the laws of the State of California	a that			
	Date Signed 03/08/2012	ınatu			
	(month, day, year)				

#### Section 1 Additional Agency(ies)/Position(s) for Gonzales, Josie:

Position Agua Mansa Industrial Growth Association Delegate Omnitrans Board of Directors Member San Bernardino International Airport Member Member San Bernardino Assoc of Govern SB County Interagency Council on Homeles San Bernardino Valley Muni Water Dis Chair Member San Bernardino Regl Water Resources Member San Bernardino Regl Emerg Train Ctr Member So Coast Air Qlty Management Dist Member Chair First 5 Consolidated Fire Agencies E. Valley Delegate Indian Gaming Local Benefit Committee Alternate County of San Bernardino Chair Inland Valley Development Authority Co-Chair OMOM Member SANBAG Consolidate Trans. Serv. Agcy Member Authority for the Handicapped Delegate Santa Ana River Policy Advisory Grou Alternate Santa Ana Water Project Authority Board Member South Coast Air Qulaity Managmnt Dis Member So Coast Air Quality Management Dist So Coast Air Quality Management Dist So Coast Air Quality Management Dist Chair Member Member So Coast Air Quality Managment Dist Member So Coast Air Quality Management Dist Vice Chair

#### **SCHEDULE A-1 Investments**

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gonzales, Josie

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Promerica Bank GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Lending/Banking Institution  FAIR MARKET VALUE  □ \$2,000 - \$10,000 □ \$100,001 - \$1,000,000 □ \$100,001 - \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:	○ Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Gonzales, Josie

	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
9097 Sierra Avenue	16705 Ivy
CITY	CITY
Fontana CA 92335	Fontana CA 92335
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
X \$10,001 - \$100,000 ————————————————————————————————	X \$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust ☐ Easement	X Ownership/Deed of Trust Easement
Leasehold [	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 <u>X</u> \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
N-1	<u> </u>
* You are not required to report loans from commercial	lending institutions made in the lender's regular course
of business on terms available to members of the put	olic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	
· ·	business must be disclosed as follows.
	business must be disclosed as follows.
NAME OF LENDER*	NAME OF LENDER*
NAME OF LENDER*	
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	
	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)
	NAME OF LENDER*
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
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ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

FAIR POLITICAL PRACTICES COMMISSION Name Gonzales, Josie

CALIFORNIA FORM

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
698 Walnut Street	9087 Sierra Avenue
CITY	CITY
Colton CA 92324  FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$2,000 - \$10,000     / /	Fontana CA 92335  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$100,001 - \$100,000  Over \$1,000,000  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
X \$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	-
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
of business on terms available to members of the pul	blic without regard to your official status. Personal loans
of business on terms available to members of the pul and loans received not in a lender's regular course of	blic without regard to your official status. Personal loans f business must be disclosed as follows:
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Gonzales, Josie	_

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
9089 Sierra Avenue	9091 Sierra Avenue
CITY	CITY
FONTANA CA 92335  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$100,001 - \$100,000  ACQUIRED DISPOSED  Over \$1,000,000	FONTANA CA 92335  FAIR MARKET VALUE
NATURE OF INTEREST	NATURE OF INTEREST
∑ Ownership/Deed of Trust	X Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 🗓 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
\$10,001 - \$100,000 DVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course lic without regard to your official status. Personal loans business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	
	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gonzales, Josie

	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
9093 Sierra Avenue	16929 Martin
CITY	CITY
FONTANA CA 92335  FAIR MARKET VALUE   F APPLICABLE, LIST DATE:   \$2,000 - \$10,000	Fontana CA 92335  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$\times\$ \$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
∑ Ownership/Deed of Trust     ☐ Easement	X Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	※ \$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
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of business on terms available to members of the pu and loans received not in a lender's regular course of NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	blic without regard to your official status. Personal loans f business must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
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#### SCHEDULE D Income - Gifts

CALIFORNIA FORM 700			
FAIR POLITICAL PRACTICES COMMISSION			
Name		<u> </u>	
Conzales	Josie		

► NAME OF SOURCE	► NAME OF SOURCE		
San Manual Indian Bingo & Cagino	Fontana Auto Club Speedway		
San Manuel Indian Bingo & Casino ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) 9300 Cherry Avenue Fontana CA 92335 BUSINESS ACTIVITY, IF ANY, OF SOURCE		
777 San Manuel Blvd.			
Highland CA 92346			
BUSINESS ACTIVITY, IF ANY, OF SOURCE			
BOOMEGO ACTIVITI, II ANI, OI GOOMGE	Bookleso Activity, if Arti, or doctor		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
2 Concert Tickets f			
06/14/11 \$ 300.00 r Carrie Underwood	12/16/11 \$ 50.00 Bottle of Wine		
·			
► NAME OF SOURCE	► NAME OF SOURCE		
APPECO (D. st. o. Att. o. A. st. o. L. st. st.	1000000 (0. 1 1		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
•			
	\$		
	<b>-</b>		
NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
, <u> </u>			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (ITHIBUTYY) VALUE DESCRIPTION OF SIFT(S)		
//	\$		
	II/ \$		
Comments:			
Comments.	<del></del>		